		FOR OHF USE					

LL1

2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0032896

Facility Name: Alden Poplar Creek Rehab & HCC

Address: 1545 Barrington Rd. (Number) Hoffman Estates (City) 60194 (Zip Code)

County: Cook

Telephone Number: (847) 884-0011 **Fax #** (847) 884-0121

IDPA ID Number: 36-3299486

Date of Initial License for Current Owners: 01/01/88

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/00 to 12/31/00 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Steven M. Kroll
(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	217	Skilled (SNF)	217	79,422	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	217	TOTALS	217	79,422	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	2,285	2,475	2,903	7,663	8
9	SNF/PED					9
10	ICF	42,806	13,822	1,333	57,961	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	45,091	16,297	4,236	65,624	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.63%

D. How many bed-hold days during this year were paid by Public Aid?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 05/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/12/95 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 17 and days of care provided 2,256

Medicare Intermediary AdminiStar Federal Inc.

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/00 Fiscal Year: 12/31/00

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	379,527	43,704		423,231	343	423,574		423,574			1
2	Food Purchase		466,067		466,067	(48,579)	417,488	(21,895)	395,593			2
3	Housekeeping	19,745	31,228	148,320	199,293	1,205	200,498	10,377	210,875			3
4	Laundry	108,795	32,040		140,835	282	141,117		141,117			4
5	Heat and Other Utilities			185,504	185,504		185,504		185,504			5
6	Maintenance	29,331		195,663	224,994	1,133	226,127	11,641	237,768			6
7	Other (specify):*											7
8	**TOTAL General Services**	537,398	573,039	529,487	1,639,924	(45,616)	1,594,308	123	1,594,431			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,582,086	118,215	6,593	2,706,894	3,975	2,710,869	(543)	2,710,326			10
10a	Therapy											10a
11	Activities	68,393	8,134	1,609	78,136	269	78,405	(12,026)	66,379			11
12	Social Services	31,937		1,442	33,379		33,379		33,379			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,682,416	126,349	27,644	2,836,409	4,244	2,840,653	(12,569)	2,828,084			16
	C. General Administration											
17	Administrative	69,400			69,400		69,400		69,400			17
18	Directors Fees											18
19	Professional Services			752,451	752,451		752,451	(676,989)	75,462			19
20	Dues, Fees, Subscriptions & Promotions			40,821	40,821	(1,133)	39,688	(25,560)	14,128			20
21	Clerical & General Office Expenses	590,576	20,838	36,199	647,613	128	647,741	74,548	722,289			21
22	Employee Benefits & Payroll Taxes			513,939	513,939	42,377	556,316	62,763	619,079			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,530	3,530		3,530	17,310	20,840			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			135	135		135	54,152	54,287			26
27	Other (specify):*			18,000	18,000		18,000	(18,000)				27
28	**TOTAL General Administration**	659,976	20,838	1,365,075	2,045,889	41,372	2,087,261	(511,776)	1,575,485			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,879,790	720,226	1,922,206	6,522,222		6,522,222	(524,222)	5,998,000			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC #0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			58,205	58,205		58,205	368,785	426,990			30
31	Amortization of Pre-Op. & Org.							6,334	6,334			31
32	Interest			132,109	132,109		132,109	815,805	947,914			32
33	Real Estate Taxes							526,135	526,135			33
34	Rent-Facility & Grounds			1,586,075	1,586,075		1,586,075	(1,586,075)				34
35	Rent-Equipment & Vehicles			8,427	8,427		8,427	23,730	32,157			35
36	Other (specify):* **mort. Insu.**							47,856	47,856			36
37	**TOTAL Ownership**			1,784,816	1,784,816		1,784,816	202,570	1,987,386			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		178,009	476,740	654,749		654,749	(270,555)	384,194			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			119,133	119,133		119,133		119,133			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		178,009	595,873	773,882		773,882	(270,555)	503,327			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,879,790	898,235	4,302,895	9,080,920		9,080,920	(592,207)	8,488,713			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$ (13,661)	11	$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(115)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,889)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(463)	32		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(18,000)	27		24
25	Fund Raising, Advertising and Promotional	(14,366)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(7,627)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (58,121)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(329,262)	VARY	34
35	Other- Attach Schedule	(204,824)	VARY	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (534,086)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (592,207)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Alden Poplar Creek Rehab & HCC

ID# 0032896

Report Period Beginning: 01/01/00

Ending: 12/31/00

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	non-costs for part b therapy c/a in 5212/3/4	$ (2,426)	39	1
2	non-costs for hmo oxygen c/a in 5080	(788)	39	2
3	non-costs for hmo therapy c/a in 5040	(148,571)	39	3
4	non-costs for hmo drugs c/a in 5042	(36,445)	39	4
5	non-costs for hmo isolation c/a in 5093	(2,925)	39	5
6	non-costs for hmo therapy c/a in 5026	(9,954)	39	6
7	vending machine income	(485)	2	7
8	pac fee(political contributions)	(3,979)	20	8
9	reclass massage therapy from ln 19 to ln 11	1,635	11	9
10	reclass massage therapy from ln 19 to ln 11	(1,635)	19	10
11	community relation	(260)	20	11
12	reclass painting in gl 5517 from line 6 to page 22	(6,738)	6	12
13	record deprec. On painting reclassed in 2000	1,123	6	13
14	record deprec. On painting reclassed in 1999	2,679	6	14
15	record deprec. On painting reclassed in 1998	3,945	6	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
52				52
53				53
54				54
55				55
56				56
57				57
58				58
59				59
60				60
61				61
62				62
63				63
64				64
65				65
66				66
67				67
68				68
69				69
70				70
71				71
72				72
73				73
74				74
75				75
76				76
77				77
78				78
79				79
80				80
81				81
82				82
83				83
84				84
85				85
86				86
87				87
88				88
89				89
90	**Total**	(204,824)		90

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(4,374)	0	0	(17,521)	0	0	0	0	0	0	0	(21,895)	2
3	Housekeeping	0	0	0	0	0	10,377	0	0	0	0	0	10,377	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	1,009	0	10,632	0	0	0	0	0	0	0	0	11,641	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(3,365)	0	10,632	(17,521)	0	10,377	0	0	0	0	0	123	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	(543)	0	0	0	0	0	0	(543)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(12,026)	0	0	0	0	0	0	0	0	0	0	(12,026)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(12,026)	0	0	0	(543)	0	0	0	0	0	0	(12,569)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,635)	13,230	(688,511)	0	0	0	0	(73)	0	0	0	(676,989)	19
20	Fees, Subscriptions & Promotions	(26,232)	0	672	0	0	0	0	0	0	0	0	(25,560)	20
21	Clerical & General Office Expenses	0	3,108	44,731	14,796	11,913	0	0	0	0	0	0	74,548	21
22	Employee Benefits & Payroll Taxes	0	0	63,030	0	(267)	0	0	0	0	0	0	62,763	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	17,310	0	0	0	0	0	0	0	0	17,310	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	53,968	184	0	0	0	0	0	0	0	0	54,152	26
27	Other (specify):*	(18,000)	0	0	0	0	0	0	0	0	0	0	(18,000)	27
28	**TOTAL General Administration**	(45,867)	70,306	(562,584)	14,796	11,646	0	0	(73)	0	0	0	(511,776)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(61,258)	70,306	(551,952)	(2,725)	11,103	10,377	0	(73)	0	0	0	(524,222)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Alden Poplar Creek Rehab & HCC** **#** **0032896** **Report Period Beginning:** **01/01/00** **Ending:** **12/31/00**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	353,470	15,315	0	0	0	0	0	0	0	0	368,785	30
31	Amortization of Pre-Op. & Org.	0	4,524	0	0	0	0	1,810	0	0	0	0	6,334	31
32	Interest	(578)	807,320	6,068	0	0	0	2,995	0	0	0	0	815,805	32
33	Real Estate Taxes	0	518,632	7,503	0	0	0	0	0	0	0	0	526,135	33
34	Rent-Facility & Grounds	0	(1,586,075)	0	0	0	0	0	0	0	0	0	(1,586,075)	34
35	Rent-Equipment & Vehicles	0	0	23,730	0	0	0	0	0	0	0	0	23,730	35
36	Other (specify):*	0	47,856	0	0	0	0	0	0	0	0	0	47,856	36
37	**TOTAL Ownership**	(578)	145,727	52,616	0	0	0	4,805	0	0	0	0	202,570	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(201,109)	0	0	(14,804)	(42,226)	0	(12,416)	0	0	0	0	(270,555)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(201,109)	0	0	(14,804)	(42,226)	0	(12,416)	0	0	0	0	(270,555)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(262,945)	216,033	(499,336)	(17,529)	(31,123)	10,377	(7,611)	(73)	0	0	0	(592,207)	45

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
ALDEN MANAGEMENT SERVICES, INC.	100%	SEE PG 6K		SEE PG 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	RENTAL INCOME	$ 1,586,075	POPLAR CREEK, LLC.		$	$ (1,586,075)	1
2	V	32	INTEREST INCOME	4,137	POPLAR CREEK, LLC.			(4,137)	2
3	V	32	INTEREST ON LOAN		POPLAR CREEK, LLC.		54,104	54,104	3
4	V	32	INTEREST ON MORTGAGE		POPLAR CREEK, LLC.		757,353	757,353	4
5	V	33	REAL ESTATE TAX		POPLAR CREEK, LLC.		518,632	518,632	5
6	V	19	ACCOUNTING FES		POPLAR CREEK, LLC.		13,230	13,230	6
7	V	30	DEPRECIATION		POPLAR CREEK, LLC.		353,470	353,470	7
8	V	26	GENERAL INSURANCE		POPLAR CREEK, LLC.		53,968	53,968	8
9	V	31	AMORTIZATION		POPLAR CREEK, LLC.		4,524	4,524	9
10	V	21	G&A		POPLAR CREEK, LLC.		3,108	3,108	10
11	V	36	MORTG. INSUR/INC TAX/MISC.		POPLAR CREEK, LLC.		47,856	47,856	11
12	V								12
13	V								13
14	Total			$ 1,590,212			$ 1,806,245	$ * 216,033	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	maintenance/utilities	$	Alden Management Services, Inc.	100.00%	$ 10,632	$ 10,632	15
16	V	19	professional fees	703,080	Alden Management Services, Inc.		14,569	(688,511)	16
17	V	20	licenses/fees		Alden Management Services, Inc.		672	672	17
18	V	21	gen'l & admin		Alden Management Services, Inc.		44,731	44,731	18
19	V	22	employee costs		Alden Management Services, Inc.		63,030	63,030	19
20	V	24	auto/seminar		Alden Management Services, Inc.		17,310	17,310	20
21	V	26	insurance		Alden Management Services, Inc.		184	184	21
22	V	30	depreciation		Alden Management Services, Inc.		15,315	15,315	22
23	V	32	interest		Alden Management Services, Inc.		6,068	6,068	23
24	V	33	real estate tax		Alden Management Services, Inc.		7,503	7,503	24
25	V	35	auto lease		Alden Management Services, Inc.		23,730	23,730	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 703,080			$ 203,744	$ * (499,336)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	tube feeding	$ 32,496	Pyramid Healthcare Services	0.00%	$ 14,975	$ (17,521)	15
16	V	39	nursing supplies	7,308	Pyramid Healthcare Services		4,370	(2,938)	16
17	V	39	supplies/per diem fees	32,960	Pyramid Healthcare Services		21,094	(11,866)	17
18	V	21	gen'l & admin		Pyramid Healthcare Services		14,796	14,796	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 72,764			$ 55,235	$ * (17,529)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	$ 141,079	Forum Extended Care II	0.00%	$ 106,194	$ (34,885)	15
16	V	10	house stock	2,198	Forum Extended Care II		1,655	(543)	16
17	V	39	iv	29,686	Forum Extended Care II		22,345	(7,341)	17
18	V	22	vaccinations	1,080	Forum Extended Care II		813	(267)	18
19	V	21	gen'l & admin		Forum Extended Care II		11,913	11,913	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 174,043			$ 142,920	$ * (31,123)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	3	housekeeping	$ 105,180	TRIPOINT SERVICES	0.00%	$ 115,557	$ 10,377	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 105,180			$ 115,557	$ * 10,377	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	CPT REVENUES	$ 258,788	COMMUNITY PHYSICAL THERAPY	100.00%	$ 246,372	$ (12,416)	15
16	V	31	AMORTIZATION		COMMUNITY PHYSICAL THERAPY		1,810	1,810	16
17	V	32	INTEREST		COMMUNITY PHYSICAL THERAPY		2,995	2,995	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 258,788			$ 251,177	$ * (7,611)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	construction management fees	$ 5,145	ALDEN BENNETT CONSTRUCTION	0.00%	$ 5,072	$ (73)	15
16	V	19	alden design management fees	3,528	ALDEN DESIGN	0.00%	3,528		16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 8,673			$ 8,600	$ * (73)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg	President - AMS	CEO	100.00	181,267	2.71	6.78	Salary	$ 13,179	21-1	1
2	Lauren Magnusson	Clinical Coordinator	Nursing Review	a.	69,443	2.71	6.78	Salary	5,049	21-1	2
3	Terry Magnusson	Administrator/ other	admin / mainten.	b.	71,541	2.71	6.78	Salary	2,079	21-1	3
4	Audra Schlossberg-Elisco	Massage Therapist	massage therapy	c.	5,921	5.2	0.13	fees	930	10a-3	4
5											5
6											6
7											7
8											8
9											9
10	a. Lauren is the daughter of Floyd Schlossberg and worked as a clinical coordinator for Alden Management Services in 2000.										10
11	b. Terry is the son-in-law of Floyd Schlossberg. He was the administrator of Alden Valley Ridge for 7 months and in construction / misc. for 5 months in 2000.										11
12	c. Daughter of Floyd Schlossberg. Audra worked as a massage therapist for the year at various Alden facilities.										12
13								TOTAL	$ 21,237		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: ALDEN MANAGEMENT SERVICES, INC.
Street Address: 4200 W. PETERSON
City / State / Zip Code: CHICAGO, IL 60646
Phone Number: (773)286-3883
Fax Number: (773)286-3742

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		SEE PAGE 8A				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	CAMBRIDGE-FOR PC, LLC.		X	MORTGAGE	$69,422.85	11/01/95	$ 9,875,100	$ 9,551,780	10/01/30	7.9000	$ 757,353	1
2												2
3												3
4												4
5												5
	Working Capital											
6	LINE OF CREDIT PC, LLC.	X		OPERATIONS	NONE					VARIES	54,103	6
7	PC, CORP--LOAN interest	X		OPERATIONS	NONE					VARIES	131,647	7
8	RELATED PARTY	X		OPERATIONS	NONE					VARIES	9,063	8
9	TOTAL Facility Related				$69,422.85		$ 9,875,100	$ 9,551,780			$ 952,166	9
	B. Non-Facility Related*											
10	PC, LLC-interst on repl. Resv.		X	INTEREST EARNED ON REPLACEMENT RESERVE BALANCE							(4,137)	10
11	MIS. ADJUSTMENT		X								(115)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (4,252)	14
15	TOTALS (line 9+line14)						$ 9,875,100	$ 9,551,780			$ 947,914	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$	541,495	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	517,127	2
3. Under or (over) accrual (line 2 minus line 1).	$	(24,368)	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$	543,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	518,632	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1995	387,544	8
	1996	449,267	9
	1997	460,429	10
	1998	515,710	11
	1999	517,127	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

LINE4:2000 ACCRUAL BASED ON 5% INCREASE OF PRIOR YEAR TAX BILL: $517,127 X 1.05 = 543,000

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 39,420
2. Number of Years Over Which it is Being Amortized: 12
3. Current Period Amortization: 4,524
4. Dates Incurred: 1990

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	NURSING HOME		1995	$ 310,554	1
2					2
3	TOTALS			$ 310,554	3

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6	217		1995	1988	9,202,500	230,063	40	230,063		1,182,329	6
7											7
8											8
	Improvement Type**										
9	ELECTRICAL WORK/DECORATING/CONTSTRUCTION/FIRE ALAI			1988	34,647		5-10			34,648	9
10	SINK REPAIR/PAINTING/MARBLE WORK/GLASS/ELECTRICAL/			1989	142,814		5-10			142,814	10
11	INSTALL PUMP/VILLAGE STREET SIGNAL/HEATER MOTOT			1990	12,416	600	5-15	600		9,916	11
12	REPLACE BOILER/REPLACE A/C UNIT/REPLACE CONDENSOR			1991	11,622	522	5-15	522		8,710	12
13	FLOORING/CLEAN CONDENSOR/ROTO-ROOT/SPRINKLER/PLUM			1992	15,458	487	5-25	487		11,780	13
14	HVAC/ELECTRICAL WORK/FLOORING/FAN/COUNTER/CABINET			1993	72,195	6,179	5-20	6,179		48,345	14
15	HVAC/PRIOR CREDITS APPLIED...			1994	(5,559)	(700)	10-15	(700)		(5,074)	15
16	A/C WORK/ ELECTRICITY REPAIR/ HVAC REPAIRS			1995	23,105	5,068	5-15	5,068		10,578	16
17	INCREASE LINGHTING LEVELS 1ST FLOOR			1996	8,838	589	15	589		2,455	17
18	REPAIR AND EPOXY ALL SHOWER BASES			1996	7,166	478	15	478		1,991	18
19	CLEAN COILS TO EXISTING NU-AHL			1996	7,166	717	10	717		3,224	19
20	LAUNDRY-ENCLOSE DRYER AREA, DOOR, ETC.			1996	7,763	388	20	388		1,650	20
21	REDESIGN PT , OT, ACTIVITY AREA			1996	11,943	597	20	597		2,688	21
22	REPAIR, RESTUCCO TWO ENTRANCE MONUMNTS			1996	5,016	502	10	502		2,090	22
23	REMOVE & REPLACE ROOF WITH NEW			1996	89,573	4,479	20	4,479		19,035	23
24	REPLACE 2-25 GALLON 450 BTU HOT WATER HEAT			1996	41,801	2,787	15	2,787		12,076	24
25	ADD ALTERNATE BILER PHASING STANDBY/BACK			1996	5,972	398	15	398		1,692	25
26	CHANGE ROOF EXHAUSTERS			1996	13,137	876	15	876		3,795	26
27	REPAINT ALL PAINTED SURFACES IN SODA SHOP			1996	1,850	370	5	370		1,572	27
28	ADD PANTRIES W/KITCHEN EQUIP TO 1,2,3RD FL.			1996	122,492	6,125	20	6,125		26,029	28
29	siegert (sprinkler system)			1996	29,000	1,933	15	1,933		9,183	29
30	tri-star(misc. cooler ass)			1997	1,864	373	5	373		1,491	30
31	cummins(install pump/mo			1997	4,959	992	5	992		3,141	31
32	network envir(repair pipe)			1997	8,000	1,600	5	1,600		5,200	32
33	network envir(repair pipe)			1997	6,800	1,360	5	1,360		4,420	33
34	a&b(cable tv all rooms)			1997	4,680	468	10	468		1,521	34
35	CONTINUE WITH 1998 ADDITIONS ON NEXT PAGE...										35
36	TOTAL (lines 4 thru 35)				$ 9,887,218	$ 267,248		$ 267,248	$	$ 1,547,301	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Wigdahl Electric (instal outlets and lights)			1998	1,778	356	5	356		1,067	9
10	A&B Custom Cable(install cable tv 2nd fl rooms)			1998	5,760	1,152	5	1,152		3,648	10
11	A&B Custom Cable(install cable tv 1st fl rooms)			1998	4,680	936	5	936		2,964	11
12	CSI (maint. on chiller and clean condenser)hvac			1998	8,400	840	10	840		2,100	12
13	CSI (repair compressor, add freon)			1998	2,330	155	15	155		362	13
14	CSI (repair condensing unit on cooler)			1998	1,869	187	10	187		436	14
15	Alden Bennet Construction			1998	1,748,376	47,253	5-20	47,253		137,210	15
16	Alden Bennet Construction			1998	13,080	1,308	10	1,308		2,725	16
17	Alpha Signage(signs & plaques)			1999	9,881	494	20	494		782	17
18	CSI (repair condenser)			1999	1,528	153	10	153		204	18
19	Fox Valley Fire & Safety(smoke detectors)			1999	6,502	650	10	650		759	19
20	CSI (repair boiler)			1999	1,875	125	15	125		146	20
21	CSI (compressor)			1999	1,531	102	15	102		111	21
22	Equipment International(washing machine)			1999	1,936	387	5	387		419	22
23	Alden Bennett Cons.(concrete, fencing)			1999	12,589	849	15	849		920	23
24	Climate Services(replace coil/thermostat on freezers)			1999	5,425	543	10	543		1,085	24
25	dbs contracting-install lawn sprinkler system			2000	1,863	62	15	62		62	25
26	new horizons			2000	525	102	3	102		102	26
27	new horizons			2000	667	93	3	93		93	27
28	new horizons			2000	714	119	3	119		119	28
29	new horizons			2000	824	115	3	115		115	29
30	alden designs			2000	4,440	74	20	74		74	30
31	alden designs			2000	5,500	69	20	69		69	31
32	Walter Mayer (Interior Finishes)			2000	4,000	222	15	222		222	32
33	CI Service (Window Treatment)			2000	19,411	2,912	5	2,912		2,912	33
34	DBS Constracting (Alden Sign)			2000	1,500	225	5	225		225	34
35	Equip. Int(Repair Dryer)--same project as below			2000	1,864	414	3	414		414	35
36	TOTAL (lines 4 thru 35)				$ 1,868,848	$ 59,896		$ 59,896	$	$ 159,344	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Equip. Int(Repair Dryer)--same project as 5/00			2000	926	180	3	180		180	9
10	GT Mechenical(repair coller and freezer doors)			2000	1,530	127	5	127		127	10
11	CSI-Coker Service(replace walk-in coller door)			2000	2,356	118	5	118		118	11
12	ABC --- Misc. Construstion Work			2000	5,949	198	5	198		198	12
13	Equip. Int(Repair Dryer)			2000	1,036	35	5	35		35	13
14	Equip. Int(Repair Dryer)			2000	1,103	37	5	37		37	14
15	Equip. Int(Repair Dryer)			2000	1,103	37	5	37		37	15
16											16
17											17
18	continued…										18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 14,004	$ 732		$ 732	$	$ 732	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related			1978	$ 12,184	$ 554	22	$ 554	$	$ 11,565	4
5	Party			1978	5,953	271	32	271		4,767	5
6	(Forum)										6
7											7
8											8
	Improvement Type**										
9	Related Party - AMS:										9
10	Leasehold Improvement - Remodeling			1993	5,378	223	various	223		115,184	10
11	Leasehold Improvement - Remodeling			1994	2,663	407	various	407		55,299	11
12											12
13	Related Party - Forum:										13
14	Leasehold Improvement - Remodeling			1980	19,102	955	20	955		19,102	14
15	Leasehold Improvement - Remodeling			1980	113		10			113	15
16	Leasehold Improvement - Remodeling			1986	32		6			32	16
17	Leasehold Improvement - Remodeling			1990	51		5			51	17
18	Leasehold Improvement - Remodeling			1991	12		5			12	18
19	Leasehold Improvement - Remodeling			1993	4,085	408	10	408		4,085	19
20	Leasehold Improvement - Remodeling			1993	3,199	330	9.7	330		3,058	20
21	Leasehold Improvement - SIGN			1994	258	21	10	21		145	21
22	Leasehold Improvement - DRYVIT			1994	437	44	12	44		244	22
23	Leasehold Improvement - NEW AC			1995	714	48	10	48		71	23
24	Leasehold Improvement - Roof			1997	961	51	10	51		760	24
25	Leasehold Improvement - Roof			1998	853	57	10	57		369	25
26	Leasehold Improvements-Roof			1985	809	54	19	54		175	26
27	Leasehold Improvements-Roof			1999	1,373	92	15	92		198	27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 58,177	$ 3,514		$ 3,514	$	$ 215,231	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 1,184,883	$ 88,912	$ 88,912	$	varies	$ 369,981	37
38	Current Year Purchases	47,438	2,980	2,980		varies	2,980	38
39	Fully Depreciated Assets	92,271	1,214	1,214		varies	92,271	39
40								40
41	TOTALS	$ 1,324,592	$ 93,106	$ 93,106	$		$ 465,232	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	various	van, busses, engine	1998-2000	$ 26,682	$ 2,494	$ 2,494	$	3	$ 3,030	42
43										43
44										44
45										45
46	TOTALS			$ 26,682	$ 2,494	$ 2,494	$		$ 3,030	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ 13,490,075	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ 426,990	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ 426,990	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 2,390,870	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52		$	$	$	52
53					53
54					54
55					55
56					56
57	TOTALS	$	$	$	57

G. Construction-in-Progress

	Description	Cost	
58		$	58
59			59
60			60
61		$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: CAMBRIDGE (RENT TO PC,LLC., A RELATED PARTY)

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		217	11/95	$ 1,586,075			3
4	Additions							4
5								5
6								6
7	TOTAL		217		$ 1,586,075 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: [ ] YES [X] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 11/1/95
Ending 10/31/2005

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/01	$ 981,000
13.	12/31/02	$ 981,000
14.	12/31/03	$ 981,000

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 8,427 Description: COPY MACHINE LEASE
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	RELATED PARTY	VARIOUS	$ 1978	$ 23,730	17
18					18
19					19
20					20
21	TOTAL		$ 1978	$ 23,730	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

SKILLED NURSING IS ALREADY ON SITE

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$ NA

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 110,496	$		$ 110,496	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			23,005			23,005	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			125,285			125,285	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	SEE PG 16A..	# of prescrpts				81,123		81,123	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	SEE PG 16A..					44,285		44,285	13
14	TOTAL			$		$ 258,786	$ 125,408		$ 384,194	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/00 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ (107,396)	$ (107,396)	1
2	Cash-Patient Deposits	600	600	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 189,645)	1,517,490	1,517,490	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	54,793	156,104	6
7	Other Prepaid Expenses	2,173	2,173	7
8	Accounts Receivable (owners or related parties)	3,919,233	3,919,233	8
9	Other(specify): misc reciev/other escrows	119,353	368,744	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 5,506,246	$ 5,856,949	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		310,554	13
14	Buildings, at Historical Cost		9,202,500	14
15	Leasehold Improvements, at Historical Cost	418,893	2,489,985	15
16	Equipment, at Historical Cost	394,441	1,254,504	16
17	Accumulated Depreciation (book methods)	(433,475)	(2,031,618)	17
18	Deferred Charges	137,002	137,002	18
19	Organization & Pre-Operating Costs		27,144	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(27,144)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 516,860	$ 11,362,926	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,023,107	$ 17,219,875	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 2,303,991	$ 2,303,991	26
27	Officer's Accounts Payable	(125,000)	(125,000)	27
28	Accounts Payable-Patient Deposits	63,713	63,713	28
29	Short-Term Notes Payable		81,389	29
30	Accrued Salaries Payable	292,591	292,591	30
31	Accrued Taxes Payable (excluding real estate taxes)	81,192	81,192	31
32	Accrued Real Estate Taxes(Sch.IX-B)		543,000	32
33	Accrued Interest Payable		62,883	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	75,607	75,607	35
	Other Current Liabilities(specify):			
36	third party	(338,800)	(48,426)	36
37	due idpa/other accr exps	685,319	689,235	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,038,612	$ 4,020,174	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,470,391	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 9,470,391	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,038,612	$ 13,490,566	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,984,494	$ 3,729,309	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,023,106	$ 17,219,875	48

***(See instructions.)**

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,603,263	1
2	Restatements (describe):		2
3	due to external auditors' adjustments made after 1999		3
4	cost report filed: the adjustments have no effect on allowable		4
5	costs: bad debts, medicare revenue…	212,356	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,815,619	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	168,875	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 168,875	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,984,494	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 8,489,600	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,489,600	3
	B. Ancillary Revenue		
4	Day Care	13,661	4
5	Other Care for Outpatients		5
6	Therapy	177,860	6
7	Oxygen	45,806	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 237,326	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,540	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	68,914	21
22	Laundry	1,755	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 72,209	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	115	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 115	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Adj's made to prior year expenses. Since prior year reports		28
28a	were not used, we've made no offsetting adjs on pg 5 or 5a	13,388	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 13,388	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 8,812,638	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,639,924	31
32	Health Care	2,836,409	32
33	General Administration	1,608,732	33
	B. Capital Expense		
34	Ownership	1,784,816	34
	C. Ancillary Expense		
35	Special Cost Centers	654,749	35
36	Provider Participation Fee	119,133	36
	D. Other Expenses (specify):		
37	does not tie to sum of lines 31-39 due to related party		37
38	amounts on page 3 & 4.		38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,643,763	40
41	**Income before Income Taxes (line 30 minus line 40)****	168,875	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 168,875	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,664	2,080	$ 66,924	$ 32.18	1
2	Assistant Director of Nursing	1,912	2,080	56,194	27.02	2
3	Registered Nurses	36,844	38,868	927,924	23.87	3
4	Licensed Practical Nurses	13,973	15,275	328,252	21.49	4
5	Nurse Aides & Orderlies	84,611	90,028	1,095,925	12.17	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	3,792	3,920	61,841	15.78	9
10	Activity Assistants	10,450	11,133	109,912	9.87	10
11	Social Service Workers	1,912	2,080	32,179	15.47	11
12	Dietician	20,309	21,110	169,226	8.02	12
13	Food Service Supervisor	845	863	37,008	42.88	13
14	Head Cook	8,275	8,726	97,716	11.20	14
15	Cook Helpers/Assistants	8,789	9,227	75,576	8.19	15
16	Dishwashers					16
17	Maintenance Workers	1,595	1,715	29,332	17.10	17
18	Housekeepers	3,466	3,632	19,745	5.44	18
19	Laundry	10,941	11,488	108,794	9.47	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative	3,880	4,298	98,810	22.99	22
23	Office Manager	3,711	4,080	46,585	11.42	23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,912	2,080	42,235	20.31	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Clinical Support S	1,991	2,131	38,455	18.05	33
34	TOTAL (lines 1 - 33)	220,872	234,814	$ 3,442,633 *	$ 14.66	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	31	1,609	11-3	44
45	Social Service Consultant	12	618	12-3	45
46	Other(specify) Alzheimers	16	824	12-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	59	$ 3,051		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
KELLIE WEBER	ADMINISTRATOR		$ 69,400
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 69,400

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
ALDEN MANAGEMENT SVS	MGMT FEE	$ 703,080
BALCKMAN KALLICK	ACCOUNTING FEE	12,375
KENNETH F. /GREENBURG&H.	LEGAL	24,763
AUDRA SCHLOSSBERG	PRO. FEES	1,635
VARIOUS PRO. FES	PRO. FEES	948
ALDEN DESIGN	DESIGN FEES	3,528
ALDEN BENNET CONSTRUC.	CONSTRUCTION FEES	5,145
US GAS & ENERGY	UTILITY CONSULT	977
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 752,451

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 39,261
Unemployment Compensation Insurance	28,570
FICA Taxes	256,350
Employee Health Insurance	36,139
Employee Meals	48,579
Illinois Municipal Retirement Fund (IMRF)*	
RELATED PARTY	62,763
UNION HEALTH & WELFARE INS.	98,462
DENTAL/LIFE INSURANCE	11,055
EMO. RELATIONS / EMP. VACC/ EMP PHY	11,824
PAYROLL MISC. COST /TUITION REIMB	4,055
PENSION / 401 K MATCH	22,021
TOTAL (agree to Schedule V, line 22, col.8)	$ 619,079

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	948
Health Care Worker Background Check	0
(Indicate # of checks performed)	
Misc. Subscriptions(IHCA and others)	10,682
Village of Hoffman license	1,180
Misc. Inspections	646
Related Party	672
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 14,128

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
AUTO & TRAVEL	156
Seminar Expense	
SEMINARS	3,374
RELATED PARTY	17,310
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 20,840

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1	INTERIOR PAINTING	5/88	$ 1,836	5	$	$	$	$	$	$	$	$	$
2	INSTALL NEW COMPRESS	6/88	2,390	5									
3	REPLACE CEILING	11/88	3,962	10	396	198							
4	HVAC REPAIRS	11/88	1,300	5									
5	PAINTING *	9/89	8,245	3									
6	PAINTING *	6/89	5,000	3									
7	PAINTING *	7/89	10,525	3					see page 22A for additional items and total…				
8	PAINTING *	8/89	9,230	3									
9	CARPET REPAIRS/CLEANE	8/90	700	5									
10	CARPET REPAIRS/CLEANE	8/90	2,482	5									
11	BOILER PILOT REPAIR	10/91	1,454	5	0								
12	EXHAUST MOTOR REPAIR	2/91	1,348	5	0								
13	CONTRACTOR MOTOR/HV	9/91	1,952	5	0								
14	PLUMBING REPAIRS **	8/92	1,831	5	214	0							
15	PAINTING	10/93	1,460	5	292	219	**0**						
16	PAINTING	2/94	7,715	5	1,543	1,543	**129**	**0**					
17	PAINTING	11/95	1,339	3	446	372	**0**						
18	INSULATING	3/95	2,051	12	171	171	**171**	**171**	**171**	**171**	**171**	**171**	**171**
19	PAINTING	4/95	5,600	3	1,867	467	**0**						
20	**TOTALS**		**$ 70,420**		**$ 4,929**	**$ 2,970**	**$ 300**	**$ 171**	**$ 171**	**$ 171**	**$ 171**	**$ 171**	**$ 171**

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 **Report Period Beginning:** 01/01/00 **Ending:** 12/31/00

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? YES

(2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. Illinois Healthcare Assoc. $10,682

(3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10 YEARS

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 5,447 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? X YES NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 119,133
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 48,579 Has any meal income been offset against related costs? NONE Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? 0%
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? Indicate the amount of income earned from providing such transportation during this reporting period. $ N/A

(17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: Blackman Kallick Bartelstein, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. Not yet finished

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? YES

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

Facility Name & ID Number ALDEN NURSING CENTER-POPL Report Period Beginning 1/1/2000 Ending: 12/31/2000

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
20	PAINTING	5/95	840	3	280	93	0						
21	PAINTING	7/95	1,166	3	389	194	0						
22	INSTALL A/C MOTOR/HVAC	7/95	1,605	10	160	160	160	160	160	160	160	160	160
23	PAINTING	9/95	1,535	3	512	341	0						
24	motor (hvac)	3/96	1,846	10	185	185	185	185	185	185	185	185	185
25	hvac repair	6/96	2,283	10	228	228	228	228	228	228	228	228	228
26	door	5/96	1,026	15	68	68	68	68	68	68	68	68	68
27	condensor	4/96	1,182	10	118	118	118	118	118	118	118	118	118
28	hot water...	12/96	3,397	15	226	226	226	226	226	226	226	226	226
29	a/c repair	6/96	1,891	15	126	126	126	126	126	126	126	126	126
30	pump repair	8/96	1,988	10	199	199	199	199	199	199	199	199	199
31	mixed air damper/hot wtr valve	4/97	1,853	3	463	618	618	154	0				
32	repair leaks in cooling syst	6/97	2,365	3	460	788	788	328	0				
33	replace tower motor-hvac	6/97	1,795	3	349	598	598	249	0				
34	pipe insulating	12/97	2,474	3	69	825	825	756	0				
35	CSI (belt on fan&airhandler)	4/98	1,811	3		453	604	604	151	0			
36	CSI (seal on condenser pump)	7/98	3,302	3		550	1,101	1,101	550	0			
37	CSI (replace recirculating pump)	8/98	2,350	3		326	783	783	457	0			
38	CSI (install vents off gas lines)	9/98	2,141	3		238	714	714	476	0			
39	PAINTING **	9/98	7,092	3		788	2,364	2,364	1,576	0			
40	PAINTING **	12/98	4,743	3		132	1,581	1,581	1,449	0			
41	Chicago Cooling(repair a/c)	6/99	1,998	3			389	666	666	278	0		
42	Onassis-painting(ytd>$1,500) **	7/99	8,037	3			1,340	2,679	2,679	1,340	0		
43	Chicago Cooling(repair colling system)	02/00	3,416	3				1,044	1,139	1,139	94	0	
44	Capps-Plumbing & S.(repair water system)	06/00	1,511	3				294	504	504	209	0	
45	GT Mechanical (repair air handler)	10/00	2,820	3				235	940	940	705	0	
46	2000-painting(ytd>$1,500) **	7/00	6,738	3				1,123	2,246	2,246	1,123	0	
	TOTALS		143,626		8,761	10,224	13,314	16,155	14,314	7,927	3,612	1,481	1,481